

## General

### Title

Geriatrics: percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.

### Source(s)

American Geriatrics Society (AGS), American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Geriatrics: performance measurement set. Washington (DC): National Committee for Quality Assurance (NCQA); 2013 Jul. 40 p. [11 references]

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.

### Rationale

Screening for specific medical conditions may direct the therapy. Although the clinical guidelines and supporting evidence calls for an evaluation of many factors, it was felt that for the purposes of measuring performance and facilitating implementation this initial measure must be limited in scope. For this reason, the work group defined an evaluation of balance and gait as a core component that must be completed on all patients with a history of falls as well as four additional evaluations – at least one of which must be completed within the 12 month period.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by a health care professional with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualized, multifactorial intervention (National Institute for Clinical Excellence [NICE], 2004).

Multifactorial assessment may include the following:

- Identification of falls history
- Assessment of gait, balance and mobility, and muscle weakness
- Assessment of osteoporosis risk
- Assessment of the older person's perceived functional ability and fear relating to falling
- Assessment of visual impairment
- Assessment of cognitive impairment and neurological examination
- Assessment of urinary incontinence
- Assessment of home hazards
- Cardiovascular examination and medication review (NICE, 2004)

American Geriatrics Society (AGS) updated guideline (AGS & British Geriatrics Society [BGS], 2010) (verbatim):

A fall risk assessment should be performed for older persons who present for medical attention because of a fall, report recurrent falls in the past year, report difficulties in walking or balance or fear of falling, or demonstrate unsteadiness or difficulty performing a gait and balance test.

The falls risk evaluation should be performed by a clinician with appropriate skills and experience.

A falls risk assessment is a clinical evaluation that should include the following, but are not limited to:

- A history of fall circumstances
- Review of all medications and doses
- Evaluation of gait and balance, mobility levels and lower extremity joint function
- Examination of vision
- Examination of neurological function, muscle strength, proprioception, reflexes, and tests of cortical, extrapyramidal, and cerebellar function
- Cognitive evaluation
- Screening for depression
- Assessment of postural blood pressure
- Assessment of heart rate and rhythm
- Assessment of heart rate and rhythm, and blood pressure responses to carotid sinus stimulation if appropriate
- Assessment of home environment

The falls risks assessment should be followed by direct intervention on the identified risk (AGS & BGS, 2010).

## Evidence for Rationale

American Geriatrics Society (AGS), American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Geriatrics: performance measurement set. Washington (DC): National Committee for Quality Assurance (NCQA); 2013 Jul. 40 p. [11 references]

American Geriatrics Society (AGS), British Geriatrics Society (BGS). AGS/BGS clinical practice guideline: prevention of falls in older persons. New York (NY): American Geriatrics Society (AGS); 2010. various p. [116 references]

National Institute for Clinical Excellence (NICE). Falls: the assessment and prevention of falls in older people. Understanding NICE guidance - information for older people, their families and carers, and the public. London (UK): National Institute for Clinical Excellence (NICE); 2004 Nov. 24 p. (Clinical guideline; no. 21).

## Primary Health Components

Geriatrics; falls; risk assessment

## Denominator Description

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with an injury in the past year) (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Patients who had a risk assessment for falls completed within 12 months (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

### Additional Information Supporting Need for the Measure

Unspecified

### Extent of Measure Testing

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

# Application of the Measure in its Current Use

## Measurement Setting

Ambulatory/Office-based Care

Assisted Living Facilities

Home Care

Hospital Outpatient

Rehabilitation Centers

Skilled Nursing Facilities/Nursing Homes

## Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

## Statement of Acceptable Minimum Sample Size

Does not apply to this measure

## Target Population Age

Age greater than or equal to 65 years

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Health and Well-being of Communities

Making Care Safer

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Staying Healthy

## IOM Domain

Effectiveness

Safety

## Data Collection for the Measure

### Case Finding Period

Unspecified

### Denominator Sampling Frame

Patients associated with provider

### Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

### Denominator Time Window

not defined yet

### Denominator Inclusions/Exclusions

#### Inclusions

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with an injury in the past year)

Note: Refer to the original measure documentation for administrative codes.

#### Exclusions

Documentation of medical reason(s) for not completing a risk assessment for falls

### Exclusions/Exceptions

not defined yet

# Numerator Inclusions/Exclusions

## Inclusions

Patients who had a risk assessment for falls completed within 12 months

Note:

Risk assessment is comprised of:

*Balance/Gait:* Medical record must include: documentation of observed transfer and walking OR use of a standardized scale (e.g., Get Up & Go, Berg, Tinetti) OR documentation of referral for assessment of balance/gait

AND one or more of the following:

*Postural Blood Pressure:* Documentation of blood pressure values in standing and supine positions

*Vision:* Medical record must include documentation that the patient is functioning well with vision or not functioning well with vision based on discussion with the patient OR use of a standardized scale or assessment tool (e.g., Snellen) OR documentation of referral for assessment of vision

*Home Fall Hazards:* Medical record must include documentation of counseling on home falls hazards OR documentation of inquiry of home falls hazards OR referral for evaluation of home falls hazards

*Medications:* Medical record must include documentation of whether the patient's current medications may or may not contribute to fall

within the past 12 months. All components do not need to be completed during one patient visit.

Refer to the original measure documentation for administrative codes.

## Exclusions

Unspecified

# Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

# Identifying Information

## Original Title

Measure #7: risk assessment for falls.

## Measure Collection Name

Geriatrics Performance Measurement Set

## Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

## Developer

American Geriatrics Society - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

*Original Geriatrics Work Group\**: Caroline Blaum, MD (*Co-chair*); Carol M. Mangione, MD (*Co-chair*); Chris Alexander, III, MD, FACP; Ronald Bangasser, MD; Patricia P. Barry, MD, MPH; Frederick W. Burgess, MD, PhD; Gary S. Clark, MD, MMM, CPE; Eric Coleman, MD, MPH; Stephen R. Connor, PhD; Gail A. Cooney, MD; Roger Dmochowski, MD; Catherine DuBeau, MD; Joyce Dubow; Mary Fermazin, MD, MPA; Sanford I. Finkel, MD; Terry Fulmer, PhD; Peter Hollmann, MD; David P. John, MD; Peter Johnstone, MD, FACP; Flora Lum, MD; Diane E. Meier, MD; Alvin "Woody" H. Moss, MD; Jaya Rao, MD, MHS; Sam J. W. Romeo, MD, MBA; David J. Satin, MD; Gregory B. Seymann, MD; Knight Steel, MD; Eric Tangalos, MD; Joan M. Teno, MD, MS; David J. Thurman, MD, MPH; Mary Tinetti, MD; Laura Tosi, MD; Gregg Warshaw, MD; Neil S. Wenger, MD

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\*The composition and affiliations of the work group members are listed as originally convened in 2007 and are not up to date.

## Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## Endorser

National Quality Forum - None

## NQF Number

not defined yet

## Date of Endorsement

2014 Apr 1

## Measure Initiative(s)

Physician Quality Reporting System

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2013 Jul

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.



This measure updates a previous version: American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2009 Jul. 40 p.

## Measure Availability

Source not available electronically.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on August 13, 2008. The information was verified by the measure developer on September 30, 2008.

This NQMC summary was edited by ECRI Institute on September 28, 2009.

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Stewardship for this measure was transferred from the PCPI to the NCQA. NCQA informed NQMC that this measure was updated. This NQMC summary was updated by ECRI Institute on October 12, 2015. The information was verified by the measure developer on November 18, 2015.

## Copyright Statement

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## Production

### Source(s)

American Geriatrics Society (AGS), American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Geriatrics: performance measurement set. Washington (DC): National Committee for Quality Assurance (NCQA); 2013 Jul. 40 p. [11 references]

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